

ANNUAL PUBLIC REPORT FY 2020

Implementation of the District of Columbia
Adoption and Safe Families Amendment Act of 2000



WE ARE
WASHINGTON
GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

D.C. Child and Family Services Agency
200 I Street SE, Washington, DC 20003 • (202) 442-6100
www.cfsa.dc.gov • <http://dc.mandatedreporter.org>
www.fosterdckids.org
Facebook/CFSADC • Twitter@DCCFSA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



February 1, 2021

The District of Columbia Child and Family Services Agency (CFSA) strives to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families. The enclosed Fiscal Year 2020 Annual Public Report (APR) highlights the efforts and achievements of CFSA per the nine requirements set forth by the *DC Adoption and Safe Families Act of 2000 (DC ASFA)*. The *DC ASFA* requirements focus on the timely placement of children in safe and stable living arrangements and implementation of a permanency plan of adoption, guardianship, or another planned permanent living arrangement if family preservation or reunification services are unsuccessful.

CFSA continued to see a decline in the foster care population, ending FY 2020 with 693 children in care. During the fiscal year, 270 children achieved permanency with 128 children being reunified with birth families, 43 children exiting care to guardianship or living with a relative, and 99 children were adopted.

The District continues to work to end court oversight of child welfare under the lawsuit originally filed as *LaShawn A. v. Barry* in 1989. As you will read in the APR, CFSA recently negotiated a settlement agreement to exit *LaShawn*, which was approved in August 2020. As a result, beginning in January 2021, CFSA will begin self-reporting on the agreed-upon performance measures and a Fairness Hearing will be held in June 2021 with the goal to end court oversight. This progress was facilitated by the use of a continuous quality improvement (CQI) process that informs CFSA's allocation of resources, modifications to programs and services, and improvements to social work practice.

CFSA uses innovative approaches to support and strengthen families through neighborhood-based prevention resources to decrease the likelihood of children entering the foster care system. When children do enter care, CFSA works diligently to quickly reunify them with their parents or, when necessary, to place them with a loving, forever family.

Sincerely,

Brenda Donald
Director

Headquarters: 200 I Street SE, Washington, DC 20003 | 202-442-6100 | Facebook/CFSAADC | Twitter@DCCFSA
<https://cfsa.dc.gov> | www.fosterdckids.org | <https://dc.mandatedreporter.org>

Mission

The mission of the Child and Family Services Agency (CFSA) is to improve the safety, permanence, and wellbeing of abused and neglected children in the District of Columbia and to strengthen their families.

CFSA's Four Pillars Strategic Framework

CFSA's strategic agenda, known as the *Four Pillars*, guides CFSA's efforts to improve outcomes for children, youth, and families at every step in their involvement with District child welfare. Each pillar features a values-based foundation, a set of evidence-based strategies, and a series of specific outcome targets.

- **Front Door:** Children deserve to grow up with their families and should be removed from their birth homes only as the last resort. Child welfare gets involved only when families cannot or will not take care of children themselves. When we must remove a child for safety, we seek to place with relatives first.
- **Temporary Safe Haven:** Foster care is a good interim place for children to live while we work to get them back to a permanent home as quickly as possible. Planning for a safe exit begins as soon as a child enters the system.
- **Well Being:** Every child has a right to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. Institutions don't make good parents. But when we must bring children into care for their safety, we give them excellent support.
- **Exit to Permanence:** Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills they need to succeed as adults.



CONTENTS

INTRODUCTION	4
IMPLEMENTATION OF THE ADOPTION & SAFE FAMILIES AMENDMENT ACT OF 2000	5
STATISTICAL ANALYSIS OF CASES	22
REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE	31
EVALUATION OF SERVICES OFFERED	31
EVALUATION OF AGENCY PERFORMANCE.....	34
NEXT STEPS FOR ADDITIONAL LEGISLATION OR SERVICES	38
COMMENTS AND RECOMMENDATIONS SUBMITTED BY THE DISTRICT OF COLUMBIA MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)	39
APPENDIX A: EXCERPT FROM THE CFSA ESTABLISHMENT ACT OF 2001.....	43
APPENDIX B: FOUR PILLARS SCORECARD.....	44
APPENDIX C: COVID-19 UPDATES.....	46

INTRODUCTION

The District of Columbia Child and Family Services Agency (CFSA) Establishment Act of 2001, requires CFSA to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions CFSA has taken to implement the District of Columbia Adoption and Safe Families Amendment Act of 2000 (DC ASFA), which mirrors the federal Adoption and Safe Families Act (ASFA) of 1997.¹ See Appendix A.

Both the federal and DC ASFA require timely placement of children in safe and stable living arrangements.² To that end, CFSA uses a trauma-informed approach to meet the statutory practice and process requirements, including “reasonable efforts” to place children in permanent homes and meet time requirements for CFSA to petition DC Superior Court for termination of parental rights for children who cannot be reunified with their parents.

The APR also provides the following information on the District’s child welfare system:

- A statistical analysis of child welfare cases
- An analysis of difficulties encountered to reach the goal for reducing the number of children in foster care
- An evaluation of services
- An evaluation of CFSA’s performance in implementing ASFA
- Recommendations for any supplementary legislation or services needed to fulfill the requirements set forth by ASFA
- Comments and recommendations submitted by the Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)

At the end of the District’s 2020 fiscal year (October 1, 2019 – September 30, 2020), the total number of children in foster care was 693.³

Requirements of DC ASFA

1. *Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.*
2. *Reasonable efforts are made to reunify children with their families, unless contrary to the child’s safety.*
3. *Reports of abuse and neglect are expeditiously investigated and appropriate action is taken.*
4. *Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.*
5. *Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent placement if family preservation or reunification services are unsuccessful.*
6. *Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.*
7. *Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.*
8. *Notice and opportunity to be heard in neglect and termination of rights cases are provided to a child’s placement resource, foster or pre-adoptive parent, kinship caregiver, legal guardian, as well as the child’s therapist.*
9. *Procedures related to interstate adoptions and medical assistance are established.*

¹ The District of Columbia legislated the DC ASFA in March 2000 (DC Law 13-136; 47 DCR 2850) to reflect the service delivery and best practice requirements included in the federal ASFA. In addition to federal compliance, DC ASFA requires CFSA to implement and maintain system-wide operational improvements for the District’s child welfare system.

² The terms “child” and “children” refer to clients from birth to age 20.

³ Source: FACES.NET Management Report CMT232

IMPLEMENTATION OF THE ADOPTION & SAFE FAMILIES AMENDMENT ACT OF 2000

1. Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.

Case Planning

CFSA's Permanency Practice policy requires social workers to develop formal written case plans within 30 days of opening a case. Case planning is a team effort with birth parents, the child (at an appropriate age), foster parents, and other service providers. The case plan review process requires reassessment and service plan updates every 90 days and case plan review and updates every six months.

The Agency continues to provide services and link families to community-based services to support the achievement of case and permanency planning for children served. As of the end of fiscal year (FY) 2020, 86 percent (n= 591) of foster care cases had a documented current case plan, while 12 percent (n= 80) had an expired case plan and 3 percent (n= 19) had no case plan.⁴

Permanency Hearings

By including case plan information in court reports, CFSA social workers, attorneys for all parties, and Family Court judges have an opportunity to review and discuss case plan details and progress during permanency hearings. Family Court judges in the District are required to use a standardized court order form for all permanency hearings. The standardized form ensures a consistent process for the Family Court to document the establishment of permanency goals within the ASFA timeframes, as well as to increase compliance with the legal requirements. Family Court judges are also required to ask the Agency if it has made reasonable efforts to achieve the stated permanency goal within ASFA guidelines and, if not, to identify the barriers, which must also be documented in the court order.

Due to COVID-19, beginning March 16, 2020, Family Court operations were being held remotely, including permanency hearings, except for trials. Trials were being continued until October 1, 2020, when they began to be held remotely because there were not enough courtrooms to accommodate them.

Youth Transition Planning (YTP)

For youth ages 15 and older, CFSA develops a Youth Transition Plan (YTP) to help prepare the youth to successfully exit foster care at age 21. Between ages 15 and 19, a youth's transition

⁴ Source: FACES.NET Management Report CMT163. Children in care for less than or equal to 30 days are excluded. Totals may not add up to 100 percent due to rounding.

planning team reviews the YTP every six months. When a youth reaches age 20, the team reviews the YTP every three months.

CFSA encourages youth to lead their own YTP meetings. Participants typically include the social worker, guardian *ad litem* (GAL), supportive caregivers and relatives and, as needed, CFSA's Office of Youth Empowerment (OYE) education or career specialists. The YTP planning domains include life skills, health, finances, education, employment, housing, transportation, social integration, sexual health and family planning. In FY 2020 of the 375 eligible youth for a YTP during FY 2020, 226 of them had one or more YTP completed totaling 386.⁵

Due to COVID-19, the District of Columbia enacted legislation extending foster care beyond 21 years of age allowing for youth to opt into foster care up until the end of the public health emergency and up to 90 days after the pandemic is over despite commitment expiration.⁶

2. Reasonable efforts are made to reunify children with their families, unless contrary to the child's safety.

When safety concerns require CFSA to remove children from their homes, the first permanency goal is reunification with their families as soon as possible, unless the Court determines that the child has been subject to aggravated circumstances.⁷ To support successful and timely reunification, CFSA engages in a multifaceted approach. Strategies include case management; family engagement; shared parenting; regular, purposeful visits between parents and children and parents and social workers; involvement with the Parent Engagement, Education, and Resource (PEER) support team (described below); and connection to community and other government agency services (e.g., Healthy Families Thriving Community Collaboratives, Department of Behavioral Health, Department of Human Services, Department of Disability Services). This comprehensive approach helps CFSA and the families address the issues that brought the child and family into the child welfare system. In FY 2020, there were 127 (40 percent) children who exited care to reunification.⁸

When children are in foster care, CFSA encourages the practice of shared parenting, which involves an ongoing, active, and supportive relationship between birth and resource families.

⁵ Performance Accountability Quality Improvement Administration: YTP Manual Data; Youth have one or more YTP completed due to reviews being completed every three or six months depending on the youth's age.

⁶ COVID-19 Response Supplemental Emergency Amendment Act of 2020.

⁷ D.C. Code § 4-1301.09a. (2001). The Agency is not required to make reasonable efforts to preserve and reunite the family in cases involving cruelty, abandonment, torture, chronic abuse, or sexual abuse; murder, attempted murder, or voluntary manslaughter of a child or household member; or assault constituting a felony against the child, sibling, or another child.

⁸ Source: FACES.NET CMT367.

Shared parenting is a teamed approach for both sets of families, emphasizing listening, sharing information, learning, collaborating, and making joint decisions. CFSA integrates shared parenting concepts into a variety of interconnected case planning steps and activities, including resource parent training, birth parent orientation, facilitated “Icebreaker” meetings between birth and resource parents, family team meetings, case planning meetings, parent-child visits, parenting instruction programs and family events.⁹ Additionally, with its emphasis on placing children with kin as resource parents, CFSA is often able to leverage relationships between birth and resource parents to further promote shared parenting goals.

Permanency-Focused Teaming

CFSA’s permanency-focused teaming is an ongoing process, it consists of regularly scheduled team meetings, and each meeting has distinct purposes, decision points and participants.

Removal Family Team Meeting (FTM)

Held within 72-hours of a removal, the Removal FTM includes family members and any identified supports (e.g., friends and clergy), caregivers, resource parents, service providers, and the GAL. The meeting introduces the family to the Agency, clarifies the reasons for the child’s removal, and develops an initial plan for securing resources and interventions to support the family. In FY 2020, 109 Removal FTMs occurred.

Case Planning Meetings

In 2019, to lead to more effective teaming on foster care cases, CFSA revamped the teaming process. CFSA moved away from requiring 90 and 180 days FTMs and instead focused on social worker-led case planning meetings with the families and their support systems, providers, and attorneys as needed. No two families are the same and this allows for individualized planning and support. These meetings are held monthly or every other month depending on the needs of the family and level of engagement in services. The meetings support permanency planning and concurrent planning from the beginning of the foster care case. In addition to case planning team meetings, a primary mechanism to review the quality of the case plan occurs during supervision between social workers and supervisory social workers (SSWs), as well as between SSWs and program managers. Supervision occurs weekly with all cases reviewed or, at a minimum, on a monthly basis. Program managers meet bi-weekly with the program administrator to review and troubleshoot cases facing significant barriers. In all instances, supervision proceeds on three tracks: clinical/educational, supportive and administrative.

⁹ Icebreakers are CFSA-facilitated meetings that typically occur seven to 10 days after a child has been removed from the home. Icebreakers launch the shared parenting experience by providing a structured opportunity for the birth and resource families to get to know each other, discuss the child, and make a communication plan for the coming weeks and months.

Permanency FTM

The Permanency FTM is a discretionary meeting that is only held if the social worker determines that planning with families and team members is not sufficiently progressing toward the permanency goal. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting of necessary team members, to include birth families and social workers. The Permanency FTM can also include relatives, resource parents, attorneys, advocates, and subject matter experts. Meeting topics can include assessment reviews, case plan objectives, and the identification of useful resources. In FY 2020, 14 Permanency FTMs occurred.¹⁰

Permanency Goal Review Meeting (PGRM)

The PGRM is a multi-disciplinary team meeting with representation from the Office of the Attorney General, and the child or youth's case carrying team.

PGRM participants review and monitor a child's progress towards permanency and identify targeted interventions aimed at expediting this progress. PGRMs are an opportunity to ensure consistency of practice across the Agency's caseload, while also providing social workers with individualized feedback and support. Ensuring that the birth family is deeply involved in the planning process is another important objective of the PGRM.

PGRM's are minimally held on all cases as they approach, meet, or exceed federally recommended permanency timelines, i.e., at 9, 12 and 15 months for reunification cases; at 15, 18 and 21 months for guardianship cases; and at 21, 24 and 27 months for adoption cases. Outside of these timeframes, cases are scheduled for a PGRM as needed. Across CFSA and NCCF a total of 454 children were reviewed in PGRMs in FY 2020.¹¹

Parent Engagement, Education, and Resource (PEER) Support Team

The PEER support team is an in-house resource that advises, engages, and supports birth parents whose children have been removed from the home. The unit includes a supervisor and five PEER support specialists, all of whom have had direct child welfare experience as parents, who either took steps to prevent the removal of their children or, who successfully reunified with their children. Based on their experience and additional training, PEER specialists uniquely serve as advocates, mentors, and supporters for CFSA-involved parents. PEER specialists also provide parents with one-on-one support for achieving reunification with their children. In FY 2020, a total of 209 birth parents were connected with the PEER unit. The average PEER specialist managed a caseload of 42 parents, establishing four new connections per month.

¹⁰ Although lower than the FY 2019 total of 33, the rate of referrals that ended up in Permanency FTMs increased from FY 2019.

¹¹ NCCF is a Maryland-based private agency contracted to manage about 50 percent of CFSA's out of home caseloads.

The PEER unit is currently in “partial telework” status, meeting with parents for orientation, conducting in-person visits as needed and communicating electronically whenever possible. Prior to the COVID-19 pandemic, the PEER unit had been hosting an in-person Birth Parent Café to provide parenting education and support in an interactive group setting. Since the onset of social distancing restrictions, the PEER unit has been hosting “Parents Talk,” a bi-weekly online parent support group. These interactive sessions give parents an opportunity to discuss topics related to parenting and CFSA involvement, and they allow the PEER specialists to highlight the importance of self-care, mental health, and stress management.

Family Treatment Court (FTC)

The District’s FTC promotes timely family reunification by offering parents with a substance use disorder the opportunity to participate in a court-supervised comprehensive service program. In addition to the judge, FTC team members include the FTC coordinator, recovery specialist, assistant attorney general, social worker, and treatment providers. The FTC program includes residential and outpatient treatment options, as well as court appearances either weekly, bi-weekly, or monthly (as parents progress in meeting their goals then the requirements for Court attendance are less frequent). Participants must regularly report to the FTC judge and undergo random drug testing. To support the participants’ sobriety and clean drug test results, FTC’s program provides incentives, based on the achievement of program milestones. Milestones may include increments of sobriety time (30, 60, 90 days); completion of substance use treatment; reunification with a child or children; completion of a program (GED, parenting, employment readiness, etc.); gaining housing; and successfully completing the FTC program.

In FY 2020, 38 children of the 171 entries and 45 re-entries into foster care had substance use impacting parenting as one of the removal reasons.¹² (See Table 6 in Statistical Analysis of Cases Section). Of those 38 cases, there were 20 families (53 percent) involved with FTC, all of which included a parent who entered a substance abuse program. Of the parents who entered programs, four completed treatment, five were unsuccessfully discharged, and 11 were still active at the time of this report. Since December 2019, four parents have had their FTC case successfully closed and were reunited with their children. An additional nine participants were granted protective supervision and currently have their children in their care.

Due to the COVID-19 pandemic, the FTC is virtually conducting case review staffings, group hearings, and individual hearings. Random drug testing for participants, traditionally completed at a pretrial services agency, is now being completed at a CFSA contracted facility. Additionally, the FTC’s recovery specialists are primarily conducting virtual visits with families, unless crisis situations warrant face-to-face intervention.

¹² Source: FACES.NET PLC 155 and Tableau.

3. Reports of abuse and neglect are expeditiously investigated, and appropriate action is taken.

CFSA operates the District's Hotline for reporting child abuse and neglect 24 hours a day, 7 days a week. District regulations and CFSA policy require Child Protective Services (CPS) investigative social workers to commence investigations within two hours of an accepted report when a child's health or safety is in immediate danger. CPS investigates all other cases within 24 hours. Hotline workers continue to determine the appropriate response of either an Information and Referral (I&R) or CPS-Investigation (CPS-I) of the reported allegations.¹³ In FY 2020, CFSA updated the Investigations Procedural Operations Manual (POM) and the Hotline POM to reflect updated practices to support CPS staff.

Whenever CPS initiates an investigation, the assigned CPS investigative social worker attempts to contact the family. Once face-to-face contact is made, the investigative social worker conducts a comprehensive risk and safety assessment as part of the investigation. If the child is not in imminent danger (i.e., does not need to be removed from his or her family), CFSA may refer the family to one of five community-based Collaboratives that provide supportive services and resources to address the family's unique needs and goals.¹⁴ If the risk for future neglect is high, the investigative social worker develops a safety plan in partnership with the family and opens an in-home case. Additionally, the investigative social worker may make a referral for the family to have an At-Risk Family Team Meeting (FTM).¹⁵

Depending on the Hotline report, CFSA's Hotline Review, Evaluate, and Direct (RED) team will review, evaluate and direct case practice. The RED team functions in a consultative decision-making capacity for the following types of Hotline reports:

- Four or more reports documented with the Agency ("Four+ Eligibility")
- Three or more reports for the same family within the same year
- All reports on open in-home, out-of-home, and Office of Youth Empowerment (OYE) cases

In addition to the above, all reports recommended for screen-outs are sent to the RED team, excluding reports related to the following circumstances:

- Assaults (non-caregiver)
- Reports in which the alleged victim child is 18 years old or older

¹³ I&Rs are calls that do not rise to the level of child abuse or neglect. Depending on the reason for the call, the Hotline worker may provide the caller with contact information for other District agencies, organizations, or service providers that can appropriately address the issue or concern.

¹⁴ Healthy Families/Thriving Community Collaboratives

¹⁵ The Agency may attempt to convene an At-Risk FTM based on a clinical determination that a child is at risk of removal. The At-Risk FTM is convened when a custodial parent or legal guardian agrees to participate, or when adequate family support is identified for participation. The meeting involves an identification of underlying risk factors, as well as an exploration of strategies and resources to prevent removal.

- Out of jurisdiction
- No allegations reported (Structured Decision-Making Tool - Preliminary Screen Out)

Once the Hotline RED team receives a referral, the team focuses on chronic patterns and case history. If there are concerns regarding the clinical decisions surrounding the response to the report, a CPS program manager or program administrator may elevate the concern for a final clinical decision by the deputy director of Entry Services whether to accept the referral for investigation.

During the public health emergency, the CPS Hotline referral and investigation functions and processes remained unchanged. The CPS Hotline continues to function 24 hours a day, 7 days a week with staff working remotely. CPS investigative social workers continue to conduct in-person investigations for allegations of abuse and neglect while also administering COVID-19 screening protocols to reduce exposure.

4. Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.

Through community-based partnerships and Agency work, CFSA continues to focus on preventing children and youth from entering foster care. For those children who must enter foster care, CFSA also continues to provide necessary services to support reunification. CFSA also continues its multi-faceted, 20-year plus partnership with the District's five neighborhood-based Healthy Families/Thriving Communities Collaboratives (Collaboratives), now inclusive of Family First prevention services (discussed more in depth later in this report). The following five Collaboratives provide seven of the District's eight Wards with various activities within the prevention and intervention continuum:

- Collaborative Solutions for Communities (CSC) (Wards 1, 2 and 3)
- East River Family Strengthening Collaborative (ERFSC) (Ward 7)
- Edgewood/Brookland Family Support Collaborative (EBFSC) (Wards 5 and 6)
- Far Southeast Family Strengthening Collaborative (FSFSC) (Ward 8)
- Georgia Avenue Family Support Collaborative (GAFSC) (Ward 4)

In addition to preventive services, the Collaboratives provide an array of essential core services for families living in District neighborhoods with high representation of contact with the child welfare system. Services include case management, information resource, referrals and linkage, as well as specialized services (such as parent education and support programming) to meet the needs of both CFSA-involved and all children, youth and families.

Front Yard – Families not known to CFSA

The District has maintained its prevention approach to serving families that are not CFSA-involved but face challenges that put them at risk of Agency intervention. Such populations include young homeless families. Although these families are not connected to CFSA as a result of abuse or neglect allegations, they can still receive services from one of Collaboratives. As part of the broader child welfare system, the Collaboratives accept walk-ins and referrals from public agencies, community-based organizations, and the school system. The Collaboratives also take the lead on connecting families to District and community resources such as housing, employment and mental health services. The number of front yard family referrals made to the five Collaboratives for FY 2020 was 245.

Front Porch – Families known to CFSA, but with no open case

CFSA also partners with the Collaboratives to provide supportive interventions to families who had been the subject of an investigation but did not present safety or risk levels sufficient to open a child welfare case. The number of referrals made to the five Collaboratives for front porch families in FY 2020 was 613.

Front Door – Families known to CFSA, with an open case

CFSA is committed to ensuring that children and families are connected to supports that align with their identified needs. To this end, CFSA along with community and other government agencies provides services to support families. For example, for families with potential substance use issues, CFSA provides screenings with CFSA's substance abuse specialists and referrals for treatment and services available in the District, connection with a family PEER coach, DC Family Treatment Court, and Project Connect for home-based substance use care coordination. For families with mental health needs, CFSA makes connections with community-based mental health providers. Connections to domestic violence support services, housing support services and home visiting are examples of other services to support family needs.

When families are working toward closure of an in-home case or reunification in an out-of-home case, CFSA teams with the assigned Collaborative to help the families develop goals that support stabilization or permanency. The Collaboratives provide family preservation services for up to four months to help families achieve and maintain family unity within a safe environment. The Collaboratives also provide reunification support services to families with a permanency goal of reunification. In certain cases, the Collaboratives provide post-reunification services to ensure that families experience an effective and sustainable transition. In FY 2020, there was no Front Door Case type or service target in the five Collaboratives CFSA contracts. This work was collapsed and captured under the Front Porch category discussed above.

Family First Prevention Services

On October 1, 2019 CFSA launched its Title IV-E Five-Year Family First Prevention Plan to increase preventative services that can help keep children safe with their families and out of foster care.¹⁶ Implementation highlights included referrals to the Collaboratives to provide families with evidence-based services that will also help prevent entry into foster care. Other referrals include evidence-based programs and services provided by the District's Department of Health, Department of Behavioral Health, and Department of Human Services, as well as services offered by community providers such as Community Connections, Mary's Center, MBI Health Services, LLC, and Hillcrest Children and Family Center. These evidence-based practice services support family preservation and reunification through parenting and home visiting programs, mental health treatment services, and substance abuse treatment. The target sub-population includes clients considered to be at the Front Porch and the Front Door (discussed below).

Implementation activities included building staff capacity for use of Motivational Interviewing (MI) as a case management model.¹⁷ The Agency also implemented two information technology system applications. The first application was added to FACES.NET and allows CFSA social workers to develop child-specific prevention plans and to refer families to evidence-based practice (EBP) services, facilitate the transfer of referrals and cases to the Collaboratives directly from FACES.NET, and automatically create MI referrals for all In-Home cases.¹⁸ The second application was the development of the CFSA Community Portal. The Community Portal allows Collaborative partners and EBP service providers to manage case transfers and EBP referrals from CFSA via FACES.NET. Collaboratives can order EBP services directly while EBP service providers can better track service referrals.

Families First DC

The Families First DC initiative is an up-stream, community-driven, family-strengthening model that utilizes a holistic and whole family approach. To enact this vision, there was a DC Families First grant application process in the fall of 2019 whereby community-based organizations competed for 10 Family Success Center grants. After a thorough vetting process that included both a review of applications and site visits by internal and external stakeholders, the Mayor announced the grantees on December 16, 2019. The District identified the 10 center locations based on current child abuse and neglect data, as well as the need for crime and violence prevention, and the potential for healthy outcomes. The District also completed a qualitative and quantitative analysis of disparities across Wards, and the anticipated, positive impact for Wards 7 and 8.

¹⁶ <https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan-2019>

¹⁷ Motivational Interviewing (MI) is an established evidenced-based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors.

¹⁸ CFSA's statewide automated child welfare information system (SACWIS) is known locally as FACES.NET.

In October 2020, the following 10 new Family Success Centers opened in Wards 7 and 8. Each Center reinforces CFSA's long-standing prevention and early intervention work by empowering communities, integrating services and focusing on primary prevention.

WARD 7 Neighborhoods	Family Success Center Grantee
1. Mayfair/Paradise	North Capital Collaborative (Project Uplift)
2. Stoddart Terrace/37 th Street, SE	Life Deeds
3. Benning Road & Minnesota Ave	East River Family Strengthening Collaborative
4. Benning Terrace/Benning Park	East River Family Strengthening Collaborative
5. Clay Terrace	Sasha Bruce
WARD 8 Neighborhoods	Family Success Center Grantees
1. Woodland Terrace	Smart from the Start
2. Anacostia	Martha's Table
3. Congress Heights	Far Southeast Family Strengthening Collaborative
4. Washington Highlands	A Wider Circle
5. Bellevue	Community of Hope

Assessments Used to Determine Needs - Functional Assessments

CFSA uses functional assessments to inform case planning, gauge child and family progress toward goals, increase the parent's protective capacity and reduce safety concerns for the children. In addition to identifying and addressing the issues that brought the family to CFSA's attention, these assessments can identify underlying issues. To assess children, social workers use the Child and Adolescent Functional Assessment Scale (CAFAS) or the Pre-school and Early Childhood Functional Assessment Scale (PECFAS). Both tools determine baseline levels of functioning across eight life domains. For parents, the Caregiver Strengths and Barriers Assessment (CSBA) helps determine a parent's service needs and protective capacity. Social workers combine results of these functional assessments with information obtained from the family and other team members. The combined information from these assessments drives the social worker's overall clinical assessment, which forms the basis for the service plan. CFSA provides or refers families for services in the following areas:

- Mental health
- Substance use
- Housing
- Domestic violence services
- Parenting skills
- Education

- Employment
- Money management
- Transportation

Mental Health Redesign

In 2018, CFSA implemented the Mental Health Redesign, to expedite and improve access to mental health treatment by providing in-house services to children in foster care. Administered by CFSA's Office of Well Being (OWB), the redesign involved the hiring of four dedicated licensed clinical therapists to screen, assess, diagnose, and provide short-term mental health treatment to children entering care and, when their schedule permits, the therapists can also work with families receiving in-home services. In addition, CFSA hired a full-time psychiatric nurse practitioner who is assigned to the Agency's Healthy Horizon's Assessment Center.

Children who are receiving mental health services in the community continue to receive services from the community provider. Mental health staffing includes a psychiatric mental health nurse practitioner (PMHNP) and licensed mental health therapists. The role of the PMHNP is to provide initial screenings for children entering and re-entering care, to conduct mental health evaluations, create initial therapeutic treatment plans and prescribe psychotropic medications as needed. Based on the PMHNP's recommendations, OWB's mental health therapists provide the therapy interventions, including up to 12 months of short-term therapy, developing ongoing treatment plans, and facilitating referrals for long-term therapy support if needed. The internal mental health unit is trained and able to provide the following therapy interventions:

- Trauma Systems Therapy (TST)
- Family Therapy
- Child Centered Play Therapy
- Grief and Loss Therapy
- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Traditional Integrative Approach

In FY 2020, the average length of time from removal to a mental health evaluation was 20 days and the average time from evaluation to the initial appointment was 31 days.

In FY 2020, 87 children received mental health evaluations. Of those, 43 were referred for therapy and 30 were engaged in therapy. For those children and youth who need longer term mental health treatment, CFSA contracts with a Department of Behavioral Health Core Service Agency, MBI Health Services, LLC., to serve up to 150 children and youth, and up to 75 birth parents. MBI

began accepting referrals in January 2020. MBI provides the following specialized mental health interventions:

- Diagnostic assessments
- Psychiatric evaluations
- Medication management
- Individual and family therapy
- Community support services
- Specialized therapies

Substance Use Unit

In 2019, OWB established the Substance Use Disorder (SUD) Unit to facilitate interventions around substance use treatment and recovery, and to increase parent engagement in services. In addition to overseeing cases involved with FTC (described earlier), the SUD Unit works with families involved with Project Connect.

In 2019, CFSA moved its community-based Project Connect operations in-house, creating a Project Connect team consisting of three resource development specialists, a substance abuse assessor, parent educator, registered nurse and the treatment and community providers. This new model leverages the SUD Unit's ability to streamline client engagement and assessments.

In FY 2020, the Project Connect team served 57 parents representing 109 children.¹⁹ Of this number, 27 parents had their case closed in FY 2020 and 30 remained active. Of the closed cases, nine in-home and four foster care families remained intact and had their case closed; seven involved a goal change to adoption or guardianship; five participants were discharged due to not engaging the program for over three weeks; one parent switched to Family Treatment Court, and one parent passed away.

Housing Strategies

In conjunction with other District agencies, including the District's Department of Human Services and the District of Columbia Housing Authority, CFSA supports families' housing needs by exploring available city-wide resources and housing services.

Once external options have been exhausted, CFSA employs internal supportive strategies. The Community Partnerships (CP) Administration manages the following three housing support programs designed to assist youth and families experiencing housing instability:

- Rapid Housing Assistance Program - The Rapid Housing Assistance Program provides short-term rental assistance to families and older youth. The program helps prevent children

¹⁹ A total of 52 families were served. In five cases, both parents participated in the program.

from entering care, assists families when housing is the only barrier to permanency, and assists older youth transitioning from foster care as well as former foster youth to establish stabilized housing post foster care.

- Family Unification Program - The Family Unification Program (FUP) is a voucher program under the Housing Choice Vouchers through the District of Columbia Housing Authority. These FUP vouchers provide permanent housing to CFSA-involved families where housing is a barrier to permanency or family stabilization. The FUP vouchers also provide semi-permanent housing to youth aging out from foster care as well as youth between the ages of 18-24 who are classified as homeless. The vouchers do not exceed 36 months.
- Family Flexible “Flex” Funds (FFF) - The FFF program provides emergency financial assistance to help families achieve permanency when children are in foster care, and to help support family stabilization when families are receiving in-home services. The FFF program also helps to prevent children from coming into care. The funds are reserved and readily available to meet the urgent service needs of families and to provide concrete social support to families living in multi-generational homes. The funds are accessible both to CFSA-involved families and families working with Collaboratives.

5. Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent placement if family preservation or reunification services are unsuccessful.

CFSA’s first priority is always to reunite children with their birth family. When reunification is not possible, CFSA recommends a safe and stable alternative permanency goal.

PGRM

Described earlier in this section, the PGRM is an intensive, multi-disciplinary case review process used to assess the status and viability of different permanency options. This includes, in cases where reunification is determined not to be an option, review of the available adoptive and guardianship resources, such as the child’s relatives or current resource parents.

Permanency Tracker

CFSA utilizes the permanency tracker to improve empirically based decision-making regarding the timely achievement of all three primary permanency goals. The permanency tracker is a shared database that reveals data trends by aggregating key FACES-held permanency data with those that are not held in (or readily available through) FACES.NET, such as information regarding Ta.L evidentiary hearings, progress toward guardianship, or the status of a subsidy negotiation.²⁰ Non-FACES data are entered into the Permanency Tracker at least monthly by a supervisor or designated staff. The Permanency Tracker allows for both child-specific and cross-caseload

²⁰ As a result of the DC Court of Appeals 2016 decision in *In re Ta.L*, the Family Court, when so requested, must provide an evidentiary hearing for parents in child abuse and neglect proceedings that involve a proposed goal change from reunification to adoption.

assessment of progress towards permanency and is therefore a tool used in supervision between social workers and supervisors, supervisors and program managers, and program managers and program administrators. The permanency tracker is also used during the PGRM to support informed discussion about case progress and barriers.

Adoption Resources

CFSA assigns an adoption recruiter for any child or sibling group with a goal of adoption that is not currently placed in an adoptive home. The recruiter develops individualized recruitment plans, in addition to strategies that reflect the needs and characteristics of each child or sibling group. The recruiter also examines the case management record to ensure that CFSA has exhausted all efforts to explore local and out-of-state family members and other supportive individuals. In addition to connections through the biological family, the recruiter explores the foster family as an adoptive resource. Many resource parents decide to become adoptive parents when a child or sibling group in their home has a goal change from reunification to adoption. To streamline the process, all District resource parents are dually licensed for foster care and adoption.

When the Agency cannot identify a viable kin or licensed resource parent in the District of Columbia interested in adopting, recruiters utilize broader media. Resources include local and national adoption websites; the Heart Gallery, a travelling exhibit that displays professional quality photographs of waiting children; and adoption exchanges, which connect children awaiting adoption with prospective parents.

On September 30, 2020, there were 166 children in care with the goal of adoption. Sixty percent (n=99) of those children were placed in a pre-adoptive home and forty percent (n=67) were not yet placed in a pre-adoptive home.²¹ In FY 2020, there were a total of 99 adoptions finalized.²²

Alternative Planned Permanent Living Arrangement (APPLA)

CFSA's preferred permanency goals for children and youth include reunification with the birth parent, as well as adoption, guardianship, and legal custody with a suitable and committed caregiver. When the Agency has explored and eliminated the above-mentioned goals as permanency options, the social worker can submit a request for a goal change to APPLA.²³ CFSA's director must approve all APPLA requests. Once this happens, the youth's case management team adjusts the service framework to focus exclusively on the youth's successful transition from foster care to independent adulthood. By providing direct case management for older youth, CFSA's Office of Youth Empowerment (OYE) helps equip the youth with the skills, resources, and

²¹ Source: FACES.NET ADP070.

²² Source: FACES.NET CMT367.

²³ CFSA's policy on Establishing a Goal of Alternative Planned Permanent Living Arrangement (APPLA) requires a youth to be 16 years or older for approval.

connections to achieve goals in the areas of education, career readiness, teen parenting, and financial literacy. As of September 30, 2020, there were 88 youth in care with a goal of APPLA, of which, 16 youth were age 18 and over.²⁴

6. Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.

Resource Home and Congregate Care Facility Licensing

The District of Columbia Municipal Regulations (DCMR) sets forth all licensing requirements for CFSA resource homes and facilities. Per CFSA policy, the Agency complies with DCMR licensing standards and applies these standards equally for foster, kinship, and adoptive homes. Standards also apply equally for employees and volunteers working in group homes and residential facilities.

To be licensed as a prospective kinship caregiver, foster or adoptive parent, or legal guardian, DCMR requires bi-annual documentation of criminal record checks, including results from the National Crime Information Center, the Federal Bureau of Investigation, and local police departments. Record checks also include annual Child Protection Register clearances for any adult age 18 and over residing in the home.²⁵ DCMR further requires background checks and clearances for all employees of group homes and youth residential facilities.²⁶

7. Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.

DC law requires the Family Court to hold initial review hearings within six months and permanency hearings for every child within 12 months after the child's entry into foster care. Hearings must also occur at least every six months thereafter for as long as the child remains in an out-of-home placement.

According to the most recent data available from the Family Court's 2019 Annual Report, 91 percent of cases filed in 2018, had a permanency hearing or were dismissed within the required timeline.²⁷ In 2019, a permanency goal was set at every permanency hearing, and a goal achievement date was set 99 percent of the time. Judicial officers closed 429 post-disposition abuse and neglect cases over the course of the 2019 calendar year. Of these cases, 86 percent were closed because permanency was achieved. Of the cases in which permanency was not

²⁴ Source: FACES.NET PLC155, CMT366.

²⁵ The Child Protective Register (CPR) is a confidential index of substantiated or inconclusive non-criminal findings for child abuse and neglect investigations in the District of Columbia.

²⁶ For children placed in facilities in resource and facilities in Maryland, the Code of Maryland Regulations (COMAR) provides licensing requirements.

²⁷ <https://www.dccourts.gov/about/organizational-performance/annual-reports>

achieved, 11 percent of youth either aged out of the system or emancipated, 3 percent were living independently, and one youth was incarcerated. This accounts for the second lowest aged out/emancipation rate in the last ten years.

Court Improvement Project (CIP)

Since the fall of 2018, CFSA has been teaming with the Family Court through a data-sharing subcommittee, part of the District's Court Improvement Project (CIP), to look at permanency goal trends and barriers to timely achievement. In October 2019, the CIP data subcommittee completed a Permanency Timeline Report to summarize the themes derived from the first round of case reviews. Based on an analysis of 60 sample cases, which took place during the winter of 2018-2019, key findings were broken down into clinical, judicial, and socioeconomic (environmental) categories. Through the clinical lens, reviewers observed issues related to the child's biological family, especially mental health, substance use, domestic violence, and incarceration, all of which commonly appeared in cases with permanency delays. Additionally, permanency delays correlated to cases that involved transitions (i.e., case transfers, placement disruptions, and changing case management team members). Through the judicial lens, the most commonly observed factors included permanency goal extensions, late goal changes, court personnel changes, and delays related to the newly introduced Ta.L hearings. Socioeconomic factors most commonly confronting birth families included employment and housing issues, as well as a reported inability to access services to address these issues.

Occurring between December 2019 and January 2020, the second round of reviews included 10 adoption, 10 guardianship, and 10 reunification cases that were filed between January 1, 2017 and June 30, 2018. The review produced similar findings to the first round for the interrelated impact of certain family, clinical, systemic, and court-related factors and longer permanency timelines. In particular, cases with longer permanency timelines typically included evidence of one or more of the following clinical factors: parental behavioral health issues, parental substance use, multiple foster care placement disruptions, multiple social worker transfers, and unmet clinical service needs for the child or family. Court-specific issues, which were noted with less frequency in the second round, included personnel changes and hearing delays.

As of the fall of 2020, the CIP data subcommittee is preparing for the third round of case reviews. With each round of reviews, the analyses are becoming more qualitative, as the committee members look to complement their observations of correlating factors with a deeper understanding of causation and impact for each individual factor. For the third round, for example, committee members have been collaborating with CFSA's permanency team in order to share previous review findings, confirm existing strategies, discuss barriers, and determine the type of survey questions that will ensure the review findings are as meaningful as possible to clinical practitioners. Additionally, committee members look to evaluate the efficacy of more recent

clinical and legal practice changes by comparing newly obtained data with data outcomes from previous reviews.

Permanency Mediation

In 2019, the Family Court implemented a new mediation program to address delays in reaching permanency. The program allows any participant in a neglect case to refer the case for permanency mediation prior to the first permanency hearing or at any time CFSA recommends a goal change from reunification to adoption.

8. Notice and opportunity to be heard in neglect and termination of rights cases is provided to a child's placement resource, foster or pre-adoptive parent, kinship caregiver, legal guardian, as well as the child's therapist.

Pursuant to District statutes and guidelines, CFSA provides foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys notification of, and an opportunity to be heard in neglect proceedings. This requirement applies to all neglect proceedings, irrespective of how long the child has been in care or how long the resource parent or relative caregiver has cared for the child. Notifications include information on the date, time, and location of the court hearing. Notifications also include instructions for contacting the court clerk (if necessary) along with the contact numbers for the assigned social worker and supervisor.

In addition, District Code requires notification to all parties in a case when the Agency files a motion to terminate parental rights. This provision requires the presiding judge to issue a summons and a copy of the motion to the affected parent or other appropriate persons. As a general practice, proceedings to terminate parental rights do not advance unless proper notice has been issued. The same notification procedures apply to termination hearings as neglect-related hearings.

9. Procedures related to interstate adoptions and medical assistance are established.

CFSA represents the District of Columbia in the Interstate Compact on the Placement of Children (ICPC).²⁸ As a member, CFSA advises potential out-of-state adoptive parents of their rights and responsibilities. This includes a clause in each adoption subsidy agreement informing adoptive parents that their adopted child must receive Medicaid in the state in which the parent resides. When necessary, CFSA applies for Medicaid benefits or the state's medical assistance program on behalf of the child residing in another state with the understanding that the coordination of

²⁸ ICPC guidelines establish uniform legal and administrative procedures governing the interstate placement of children.

medical services for the child will be the responsibility of the adoptive parent and the Medicaid office in the state of residence.

In FY 2020, the DC ICPC office received and approved requests for 50 children to be adopted outside of the District. This included 39 children placed in Maryland, 7 in Virginia, 2 in Pennsylvania, 1 in North Carolina, and 1 in Illinois.

STATISTICAL ANALYSIS OF CASES

This section highlights entry, exit, permanency and disruption data for FY 2020. Data are disaggregated by fiscal year, age, legal status, permanency goals, months in care, and the primary reasons for entry and exit. The District continues to have a steady decline of its foster care population. The total number of children in foster care on September 30, 2020, was 693.²⁹

Table 1 below details the ages of children in care as of September 30, 2020. Children ages birth to 3 years old comprised 20 percent of the foster care population, while children ages 4-10 years old comprised 27 percent. Children ages 11-14 years old comprised 15 percent of the population (no change from FY 2019). The only cohort with an observed end of fiscal year point-in-time increase from FY 2019 was youth ages 15-20 years old, which comprised 38 percent of the foster care population.

Table 1: Children in Foster Care by Age Point in Time: End of FY 2020					
Age	# of Children	Age	# of Children	Age	# of Children
<1 Year	35	7	31	14	29
1	31	8	24	15	35
2	39	9	27	16	47
3	34	10	22	17	53
4	39	11	26	18	43
5	21	12	24	19	45
6	24	13	25	20	39
Total Children= 693					

Source: FACES.NET CMT366

²⁹ As of September 30, 2020, the total number of children reads 695 for the Agency's public dashboard but 696 for Tableau. FACES.NET reports a 693 point-in-time number of children in foster care for the same date (end of the fiscal year 2020). There are two 12-year-olds not in this count. One of the children had a case opened on September 30, 2020, which may not have been reflected on the morning management report run. The other child was placed with a relative until the investigation resulted in a case opening on October 8, 2020. There is also a 16-year-old not included in the management report who had been in abscondence from a contracted agency home; the Agency was seeking a more therapeutic placement outside of DC due to the youth's challenging behaviors.

Of the 693 children in foster care at the end of FY 2020, 475 (69 percent) had a status of committed and 142 (21 percent) had a status of shelter care. The following definitions apply:

- **Commitment** – a child is committed at a disposition hearing following adjudication at a neglect trial or following a stipulation by the parent or caregiver. These children are placed in a foster home, therapeutic foster home, licensed kinship home, group home, or residential facility.
- **Shelter Care** – a child has been removed from home and temporarily placed in an Agency facility (foster home, therapeutic foster home, licensed kinship home, group home, residential facility, etc.) pursuant to a shelter care hearing in order to protect the child while pending the disposition hearing. These children are in CFSA's custody and the Agency is fully responsible for their health and wellbeing.

The tables below detail the legal status and goal distribution of children in care as of FY 2020.

Table 2: Children in Foster Care by Legal Status Point in Time: End of FY 2020	
Legal Status	# of Children
Committed	475
Shelter Care	142
Administrative Hold*	74
Protective Supervision*	1
Conditional Release-Parent*	1
Total Children	693

*This point-in-time administrative hold data may not reflect the ongoing process of social workers changing the status of an administrative hold to either shelter care or committed after the conclusion of an investigation and initial court hearing. The two children with the legal status of conditional release and protective supervision who remain on this foster care report are monitored by the In-Home Administration as they transition out of foster care.

Source: *FACES.NET CMT366*

Table 3: Children in Foster Care by Goal Point in Time: End of FY 2020	
Permanency Goal	# of Children
Reunification	318
Adoption	170
Guardianship	116
Alternative Planned, Permanent Living Arrangement (APPLA)	88
Data Unavailable*	1*
Total Children	693

*The goal for children who have been in care between birth and six months defaults to reunification unless otherwise specified. However, the child listed without goal data has been in care for 15 months. Case notes indicate the child has a goal of reunification.

Source: *FACES.NET CMT366*

The total number of entries as of FY 2020 was 216. The largest group represented was children less than one year old, followed by children ages 13, 15 and 16.

Table 4: FY 2020 Foster Care Entries by Month

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
<1 Year	6	7	2	4	1	6	2	9	6	5	3	2	53
1	0	1	1	0	1	0	1	3	0	1	1	0	9
2	2	1	1	1	1	1	1	4	0	2	0	0	14
3	2	2	0	2	0	0	1	2	1	1	1	1	13
4	1	0	3	1	0	0	1	2	0	3	0	0	11
5	2	1	1	2	0	0	0	2	1	0	0	1	10
6	1	0	0	1	0	0	0	0	0	1	0	0	3
7	1	1	1	0	0	0	0	2	0	1	1	0	7
8	1	0	2	0	0	0	0	0	0	0	0	0	3
9	1	1	0	1	0	0	0	1	0	0	0	0	4
10	0	0	0	0	0	0	0	0	0	0	1	0	1
11	2	1	1	1	0	0	1	0	0	2	0	0	8
12	0	0	0	2	0	0	2	0	0	0	0	1	5
13	1	2	1	2	0	3	3	1	0	0	1	2	16
14	2	3	2	1	1	0	0	2	1	0	0	0	12
15	2	2	0	2	2	0	1	2	1	0	3	1	16
16	1	2	2	2	1	2	1	2	1	0	1	1	16
17	2	0	0	1	0	1	3	1	2	0	3	1	14
18*	0	0	0	0	0	0	0	0	0	1	0	0	1*
Total	27	24	17	23	7	13	17	33	13	17	15	10	216*

*This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. Actual total is 217; there was one youth who entered at age 15 then exited and re-entered at age 16 but still within FY 2020. The one 18-year-old was a guardianship disruption in January 2019 at the age of 17, the youth's parent was granted protective supervision, which was then revoked in July 2020 and the youth re-entered care at age 18. Note: Age is calculated as of the entry date.

Source: *Tableau*³⁰

³⁰ Tableau is the current FACES.NET data visualization dashboard utilized by social workers, supervisors and program managers to observe the Agency's status on performance indicators.

Of the 216 entries, 34 percent had a legal status of commitment. The categories of Shelter Care and Administrative Holds accounted for 47 and 18 percent respectively.

Table 5: FY 2020 Foster Care Entries by Legal Status Month

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL*
Shelter Care	7	12	8	14	2	4	4	16	6	13	8	8	102
Commitment	14	8	8	4	4	7	12	9	4	0	2	1	73
Administrative Hold	6	4	0	5	1	2	1	7	3	4	5	1	39
Protective Supervision	0	0	0	0	0	0	0	1	0	0	0	0	1
No Legal Status	0	0	1	0	0	0	0	0	0	0	0	0	1
Total	27	24	17	23	7	13	17	33	13	17	15	10	216

*This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. Actual total is 217; there was one youth who entered at age 15 then exited and re-entered at age 16 but still within FY 2020. Note: Age is calculated as of the entry date.

Source: Tableau

The most prevalent reason for the entry into care was neglect (n=164). Physical abuse was the second highest reason for entry into foster care (n=46), while the third highest entry reason was parental substance use (n=31). The same pattern was observed in FY 2019.

Table 6: FY 2020 Primary Reason for Entry into Foster Care

Primary Reason	# of Entries*
Neglect (Alleged/Reported)	164
Physical Abuse (Alleged/Reported)	46
Drug Abuse (Parent)	31
Incarceration of Parent(s)	13
Abandonment	10
Child's Behavior Problem	8
Alcohol Abuse (Parent)	7
Voluntary**	6
Caretaker ILL/ Unable to Cope	4
Relinquishment	3
Sexual Abuse (Alleged/Reported)	2
Inadequate Housing	2

*Children may have multiple primary reasons for entering care. CFSA placed 216 unique children in FY 2020.

** “Voluntary” describes the outlook of the parent or caregiver but is not a descriptor of the legal custody status of the child. These were not voluntary placement agreements. CFSA obtained court custody of all children in this category.

Source: Tableau

Pursuant to *the CFSA Establishment Act of 2001*, the District continues to look at length of stay in care with a focus on children in care more than 24 months. At the end of FY 2020, the total number of children in care for 24 months or longer was 314 children with subpopulation breakdowns illustrated in the table below. Thirty-eight percent (n=119) of children in care for 24+ months had a goal of adoption. The second highest goal assignment was guardianship, comprising 27 percent (n=85) and the third largest goal assignment was APPLA, comprising 21 percent (n=67).

Table 7: Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay Point in Time: End of FY 2020					
Goal	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total
Adoption	52	15	21	31	119
APPLA	12	12	20	23	67
Guardianship	42	23	11	9	85
Reunification	33	6	3	1	43
Total Children	139 (44%)	56 (18%)	55 (18%)	64 (20%)	314

Source: FACES.NET CMT366

The age distribution for children in care for 24+ months varied in FY 2020. The highest concentration, however, was older children. Children ages 15-20 comprised 50 percent of this population. Of note, 12 percent (n=38) of the total 314 were 20 years old; 55 percent of 20-years-old were in care for more than 48+ months.

Table 8: District Children Who Became Part of the 24+ Month Cohort in FY 2020 by Age and Length of Stay in Months					
Age in Years	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total Children
2	10	0	0	0	10
3	9	1	0	0	10
4	11	3	0	0	14
5	3	1	1	2	7
6	4	4	2	1	11
7	9	1	2	3	15
8	6	2	4	0	12
9	6	2	2	1	11
10	8	1	3	1	13

**Table 8: District Children Who Became Part of the 24+ Month Cohort in FY 2020
by Age and Length of Stay in Months**

Age in Years	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total Children
11	5	3	1	3	12
12	10	2	2	3	17
13	4	4	1	2	11
14	8	0	3	3	14
15	4	3	2	2	11
16	9	1	4	8	22
17	7	4	5	4	20
18	7	8	5	9	29
19	8	10	8	11	37
20	11	6	10	11	38
Total Children	139	56	55	64	314

Note: Age is calculated as of September 30, 2020. The legal status for the 314 children in care for 24+ months reported 82 percent were committed.

Source: *FACES.NET CMT366*

In FY 2020, there were 319 exits from foster care.³¹ Of those exits, 11 percent had been in care between 0-6 months. The next highest proportion, 28 percent of children, had been in care 13-24 months. The highest proportion of children had been in care 25+ months, comprising 47 percent of the population.

Table 9: FY 2020 Exits from Foster Care by Length of Stay in Months and by Month of Exit

Months	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
< 1 Month	0	3	0	3	0	0	0	1	0	2	2	1	12
1 - 6 Months	2	1	3	1	0	0	5	1	2	2	5	1	23
7 - 12 Months	4	5	4	8	2	3	2	5	3	3	3	4	46
13 - 24 Months	2	23	4	6	7	14	10	5	1	7	5	4	88
25+ Months	13	24	8	13	6	12	20	8	8	13	10	15	150
Grand Total	21	56	19	31	15	29	37	20	14	27	25	25	319

Source: *Tableau*

³¹ The unique count is 319 versus the 321 on the public dashboard. The latter number provides the total of all exits versus the unique count of children. Two children exited, re-entered then exited again within FY 2020.

Of the exits, children between the ages birth to 5 comprised 33 percent of the population and children age 19+ comprised 15 percent of the population. The highest proportion of the exit population in FY 2020 was between the ages of 1-5 years old and 6-12 years old, comprising 31 percent and 30 percent, respectively, of the total exit population. Children between the ages of 13-18 years old represented 22 percent of the total exit population.

Table 10: FY 2020 Exits from Foster Care by Age and by Month of Exit

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
<1	0	1	0	0	0	0	2	0	1	0	2	1	7
1-5	5	27	7	10	4	7	14	4	1	8	9	4	100
6-12	5	19	6	8	4	11	8	7	3	5	9	10	95
13-15	3	5	1	3	2	3	4	3	4	4	2	4	38
16-18	3	2	2	3	2	3	4	1	1	3	3	4	31
19+	5	2	3	7	3	5	5	5	4	7	0	2	48
Total	21	56	19	31	15	29	37	20	14	27	25	25	319

Source: Tableau

Table 11: FY 2020 Exits from Foster Care by Legal Status and by Month of Exit

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL
Commitment	16	42	16	21	12	21	30	15	8	18	14	23	236
Administrative Hold*	2	6	1	6	1	0	2	3	2	6	3	2	34*
Shelter Care*	1	6	1	3	0	8	5	2	3	3	8	0	40*
No Court Involvement	2	0	0	0	0	0	0	0	0	0	0	0	2
No Legal Status	0	0	0	1	0	0	0	0	0	0	0	0	1
Relinquishment	0	0	1	0	0	0	0	0	0	0	0	0	1
Protective Supervision*	0	2	0	0	2	0	0	0	1	0	0	0	5*
Grand Total	21	56	19	31	15	29	37	20	14	27	25	25	319

*This data may not reflect the ongoing process of social workers having to change the status of administrative hold to either shelter care or committed after the conclusion of an investigation and initial Court hearing. The five children with the legal status of protective supervision who remain on this foster care exit report were likely monitored by In-Home as the case closed.

Source: Tableau

The total number of children who left care in FY 2020 was 319. Exit reasons for this population include reunification at 40 percent and adoption at 31 percent. The percent of the population that aged out comprised approximately 14 percent.

Table 12: FY 2020 Exits from Foster Care by Primary Reason and by Month of Exit													
Exit Type	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL
Reunification Achieved	10	15	7	13	5	10	19	9	7	14	12	7	128
Adoption Finalized	6	33	6	7	2	6	9	4	1	4	13	8	99
Emancipated	5	1	4	6	4	5	4	5	3	7	0	2	46
Guardianship Finalized	0	6	2	5	4	8	4	2	3	1	0	8	43
Deceased	0	0	0	0	0	0	1	0	0	1	0	0	2
Placement/ Custody provided by another District agency	0	1	0	0	0	0	0	0	0	0	0	0	1
Total	21	56	19	31	15	29	37	20	14	27	25	25	319

Note: Examples of other District agencies to which these children exit include (but are not limited to) the Department of Behavioral Health, Department of Disability Services, Department of Youth Rehabilitation Services, and Department of Corrections.

Source: Tableau

Of the 319 exits in FY 2020, reunification and adoption goals were the among the highest for children who exited foster care. Thirty-nine percent of children exiting care had a goal of reunification and 31 percent had the goal of adoption. Forty-seven percent (n=150) of children exiting care had been in care 13-24 months.

Table 13: FY 2020 Exits from Foster Care by Goal and by Month of Exit													
Goal	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL
Reunification	9	14	6	14	4	9	19	10	5	15	12	7	124
Adoption	6	33	7	7	2	7	9	4	1	4	13	7	100
APPLA	5	1	4	5	4	3	3	4	3	7	0	2	41
Guardianship	0	7	2	5	5	10	5	2	5	1	0	8	50
Legal Custody	1	0	0	0	0	0	0	0	0	0	0	0	1
No Goal ††	0	1	0	0	0	0	1	0	0	0	0	1	3
Grand Total	21	56	19	31	15	29	37	20	14	27	25	25	319

Note: †† Data entry anomalies prevent actual goals from being reflected. These children had been in care between 7 and 37 months but at the time of exit their goal of reunification was not reflected as “Court

Approved” in FACES.NET. Permanency goals for youth in care for more than 180 days must be “Court Approved” to be reported as valid in FACES.NET.

Source: Tableau

Goal	< 1 Month	1 - 6 Months	7 - 12 Months	13 - 24 Months	25+ Months	Total
Reunification	12	22	42	10	38	124
Adoption	0	0	31	67	2	100
Guardianship	0	1	13	31	5	50
APPLA	0	0	1	40	0	41
No Goal ++	0	0	1	1	1	3
Legal Custody	0	0	0	1	0	1
Grand Total	12	23	88	150	46	319

Source: Tableau

The table below shows that a total of 105 placement disruptions were reported in FY 2020.³² The total number of children or youth disrupting from a placement was 88, and the universe of children and youth included in the placement count was 983. Of those totals, there were 12 disruptions (11 percent) from kinship foster homes and 75 disruptions (71 percent) from traditional foster homes. A 46 percent decrease in total disruptions was observed between FY 2019 and FY 2020.

Placement Type	Total Clients	Total Clients with Disruptions	Total Disruptions
Foster Homes (Kinship)	342	12	12
Foster Homes (OTI)	21	0	0
Foster Homes (Pre-Adoptive)	20	1	1
Foster Homes (Therapeutic)	1	0	0
Foster Homes (Traditional)	625	64	75
Group Settings (Developmentally Disabled/Congregate Care)	2	0	0
Group Settings (Diagnostic and Emergency Care)	53	5	5

³² Placement disruptions are changes in a child’s foster care placement due to a provider being unwilling or unable to care for the child, the provider cannot meet the child’s behavioral or medical needs, or the provider’s contract ended, and the child moved from that placement as a result. Children whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plan within 30 days of re-placement to determine the child’s service and re-placement needs.

Table 15: FY 2020 Placement Disruptions by Placement Type

Placement Type	Total Clients	Total Clients with Disruptions	Total Disruptions
Group Settings (Group Homes)	95	9	9
Group Settings (Independent Living)	16	1	1
Group Settings (Residential Treatment)	40	1	1
Other (COVID-19 Placement/Under 21 (Non-Paid))	7	0	0
Other (Developmentally Disabled)	5	0	0
Other (Juvenile Foster Care (Non-Paid))	3	0	0
Other (Not in Legal Placement)	83	1	1
Total	983	88	105

Note: Total Clients is a distinct count of clients in placement during fiscal year. Total Clients with Disruptions is a unique count of clients that experienced a disruption. Total Disruptions account for clients with multiple disruption episodes.

Source: Special FACES.NET query

REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE

There is currently no numeric goal for the number of children in care, but the *Four Pillars Strategic Framework – Pillar 1: The Front Door*, specifies that children are only removed from their families when necessary to keep them safe. In line with that goal, there has been a trending decline in the foster care population. The foster care population declined to less than 1,000 children in 2016. As of September 30, 2020, the total number of children in foster care was 693. CFSA's focus on prevention and community-based services, providing families in-home services, moving children to permanency and decreasing the number of youth who age-out of foster care has contributed to the overall decline in the foster care population.

EVALUATION OF SERVICES OFFERED

CFSA continues to contract with its community-based partners and to coordinate with internal and District partners to provide families with a range of services that promote safety, stability, and wellbeing. During FY 2020, the Collaboratives provided the following services to the applicable CFSA populations from all eight Wards of the District of Columbia.

- Case Management Supports
- Emergency Family Flex Funds (Flex Funds)
- Educational Workshops
- Whole Family Enrichment
- Motivational Interviewing
- Parent Education and Support Programs (PESP)

In FY 2020, there was no formal evaluation of the Collaboratives tied to the CFSA contracts. There were, however, outcomes and indicators developed to assist with ensuring child safety, permanency and well-being in addition to system accountability consisting of the following:

- The Collaborative shall link to and/or provide services to these families within 30 days of the referral. *Front Yard (FY) & Front Porch (FP)*
- The Collaborative shall provide case management for no more than 180 days (six months) to improve family functioning and maintain children safely in the home. *(FY)*
- The Collaborative shall provide case management services for no more than 120 days (four months) to improve family functioning and to ensure that families maintain children safely in the home. *(FP)*
- Indicator: 90 percent of families will not have a substantiated repeat report during Collaborative involvement. *(FY/FP)*
- Indicator: 90 percent of families will not have a substantiated repeat report for up to six months post-case closure by the Collaborative. *(FY/FP)*
- Indicator: 85 percent of families will not have an entry into out-of-home care during Collaborative involvement. *(FY/FP)*
- Indicator: 85 percent of families will not have an entry into out-of-home care for up to six months post-case closure by the Collaborative. *(FY/FP)*

The above outcomes and indicators will be reported in FY 2021.

As referenced earlier, the Family First prevention plan provides an overview of current and new prevention services for eligible children and caregivers within the District to support family-strengthening. This includes Collaborative services discussed in this section and earlier in this report. In addition, CFSA's Community Partnerships Evaluation Data Analytics Team continues to refine and enhance the evaluation of the Family First Implementation using the Agency's Continuous Quality Improvement (CQI) framework.

Community-Based Family Support Services

CFSA's contractual partnership with the Collaboratives supports both prevention and intervention services for families that are known and unknown to CFSA. Support for known families includes preparation for reunification as well as post-reunification supports to prevent re-entry of children into care. The Collaborative services will continue in FY 2021 and are integrated into the *Family First* and *Families First DC* service framework (described in prior sections).

Family Preservation Services

CFSA's five-year Title IV-E Waiver (2014 to September 2019), also known as the *Safe and Stable Families* initiative, granted fiscal flexibility and allowed the Agency to spend portions of IV-E funds on prevention and family preservation services. The Agency began early in 2019 to prepare for the end of Waiver funding in September 2019 and the transition to *Family First* in FY 2020. As stated earlier, CFSA launched its Five-Year Family First Prevention Plan on October 1, 2019.

Time-Limited Family Reunification Services

As discussed earlier, the PEER support team advises, engages, and supports birth parents whose children have been removed from the home. PEER specialists provide parents with one-on-one support towards reunification by serving as advocates, mentors, and supporter for birth parents.

The following key supports for reunification, which have been described earlier in this report, will continue in FY 2021:

- Rapid Housing Assistance Program
- Family Flexible "Flex" Funds
- Family Unification Program
- Family Treatment Court

Adoption Promotion and Support Services

CFSA promotes adoption through recruitment of prospective adoptive parents as well as provision of supportive services to pre- and post-adoptive parents. The strategies for outreach to prospective adoptive parents are described in the earlier section, *Adoption Resources*. For each child with a goal of adoption, CFSA assigns an adoption recruiter who develops individualized recruitment plans. According to the needs of the unique child or sibling group, the recruiter utilizes existing resources and strategies to implement the plan.

CFSA's supportive post-adoption or guardianship services include general information, trainings, resources and referrals. The Agency ensures service delivery through its partnership with the Family Works Together program (previously the Post Permanency Family Center).³³ Prior to guardianship or adoption finalization, the assigned social worker notifies families of the availability of post-permanency services, which will continue in FY 2021. Family Works Together provides individual therapy to children and youth in the process of being adopted or achieving guardianship, family therapy, training for social workers and families, as well as support groups.

³³ CFSA's contracted partner, Adoptions Together, Inc., administers the Family Works Together program.

Additionally, the Center for Adoption Support and Education (CASE) is another CFSA partner who supports adoption. Using an adoption-centered therapeutic approach, CASE supports CFSA staff through a variety of trainings and webinars, as well as through monthly consultations on intervention planning and matching. CASE also directly supports individuals and families through an in-house therapist who is especially equipped to provide attachment-focused therapy and to help families deal with more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and heavier court-involvement).

CFSA's contract with CASE ended in July 2020. Services will continue through an expanded scope of work with the Family Works Together program as detailed above.

EVALUATION OF AGENCY PERFORMANCE

CFSA uses a variety of ways to measure performance outcomes. The information in the Statistical Analysis of Cases section above, as well as the Four Pillars Scorecard, Public Dashboard, *LaShawn* Exit and Sustainability Plan benchmarks, Quality Service Reviews, and Child and Family Services Reviews all discussed below allow the Agency to evaluate performance across several program areas.

CFSA has met all the requirements of DC ASFA, as outlined at the beginning of this report.

Four Pillars Scorecard

CFSA evaluates internal improvement using benchmarks related to the Agency's *Four Pillars Strategic Framework* (cited earlier). The framework includes child and youth outcome measures across the District's child welfare continuum. It also includes key measures from the *LaShawn A. v. Bowser* Exit and Sustainability Plan, some of which are aligned with federal child welfare national standards. The Four Pillars Scorecard is distributed on a quarterly basis. See Appendix B.

Public Dashboard

During January 2020, CFSA launched a public-facing dashboard to improve data transparency for the general public.³⁴ The public dashboard is updated after the end of every fiscal quarter and includes the following CPS and permanency data points:

- Total number of children served in foster care and in the home
- Demographics of children in foster care
- Placement types for children
- Initial entries and re-entries into foster care
- Hotline calls by referral type

³⁴ <https://cfsadashboard.dc.gov/>

- Number of investigations of abuse and neglect
- Number of exits by reason

Additionally, the dashboard includes links to Agency reports such as the Five-Year Child and Family Services Plan, the Annual Child Fatality Review Report, the Annual Progress and Services Report, the Annual Public Report, the Needs Assessment and the Resource Development Plan.

Center for the Study of Social Policy (CSSP)

The Center for the Study of Social Policy (CSSP) is CFSA’s court-appointed monitor. The monitor independently assesses the District’s performance toward the outcomes and exit standards set by the 2010 *LaShawn* Implementation and Exit Plan (IEP) in accordance with the 1994 *LaShawn* Modified Final Order.³⁵

However, due to CFSA maintaining a high number of benchmarks over several years, in June 2019, CFSA proposed and negotiated a *LaShawn* Exit and Sustainability Plan to replace the IEP. By October 2019, CSSP agreed that only 24 benchmarks (out of an original 85 benchmarks) required monitoring. By June 2020, CFSA had presented sufficient progress to the court such that all parties were able to negotiate a preliminary settlement agreement to exit *LaShawn*, which was approved in August 2020. As a result, beginning in January 2021, CFSA will be self-reporting on the agreed-upon performance measures while CSSP will move from the role of monitoring to the role of Independent Verification Agent to validate the Agency’s reported data. In June 2021, a Fairness Hearing will be held to end court oversight and begin a contractual period during which CFSA will meet additional commitments as outlined in the August 2020 settlement agreement.

Quality Service Reviews (QSR)

As an integral part of the Agency’s continuous quality improvement efforts, the Quality Service Review (QSR) process involves a qualitative method of gathering data. In addition, the QSR Unit provides feedback to CFSA’s program areas (In-Home, Permanency and Youth Empowerment). Program leadership uses the data and feedback to assess and improve CFSA’s child welfare case practice as well as performance of the broader child welfare system.

Overall, the QSR process helps the Agency identify individual, family, and system strengths, as well as identifying areas for improvement. In so doing, the process reinforces effective practice and informs positive change by providing real-time assessments and feedback on case practice and system performance. In calendar year (CY) 2020, CFSA reviewed a total of 123 cases using the QSR process.³⁶

³⁵ The latest report can be found online at: <https://cssp.org/wp-content/uploads/2020/06/LaShawn-A-v.-Bowser-Report-for-the-Period-of-April-1-December-31-2019.pdf>.

³⁶ The final count of the reviewed 2020 QSR cases may change.

In CY 2019, the QSR Unit reviewed 133 cases. Of these 133 cases, CFSA social workers were case managing 34 (26 percent) cases where children were living in foster care (kinship caregivers as well as non-relative caregivers). CFSA's Office of Youth Empowerment case managed 14 (11 percent) foster care cases while CFSA's contracted private agencies case managed 31 (23 percent) foster care cases. CFSA also case managed an additional 54 (41 percent) cases for families receiving services in their own homes.

Eighty-five percent of all cases had an overall acceptable rating for practice performance. Eighty-three percent of all cases had an overall acceptable rating for child and family status. The table below describes the Agency's overarching practice strengths and areas in need of improvement as identified in the most recent (calendar year 2019) Annual QSR Report.³⁷

Practice Areas of Strength	Practice Areas in Need of Improvement
Safety for Children at Home and at School <i>Children are living in nearly risk-free environments with protective strategies in place (as needed). CFSA continues to protect children from abuse, neglect, exploitation, and intimidation (both foster care and in-home cases). Parents and caregivers provide the appropriate attention necessary to protect children from known risks.</i>	Engagement and Assessment of Fathers <i>CFSA needs to continue to engage and assess fathers, even when their children are older youth who have a permanency goal of APPLA. To facilitate family connections, social workers must actively communicate and get to know fathers' needs and strengths. Mixed or inadequate working relationships between team members and fathers impacts effective engagement.</i>
Physical Health and Receipt of Care <i>The child demonstrates an excellent health status but if there is a chronic condition, the child is attaining the best possible health status that can be expected. The child has a long-established relationship (or a new and trusted relationship) with a primary care physician and receives high quality health care services, as needed.</i>	Long-Term Guiding View <i>Long-term planning lacks a common direction that is recognized and agreed upon by the child's team. Treatment goals do not address the child's needs, either behaviorally or physically for a child diagnosed with disabilities. Transition plans are vague for older youth with disabilities.</i>

³⁷ The 2020 Annual QSR Report will be available in FY 2021 Quarter 3. The 2019 Annual QSR Report is online at <https://cfsa.dc.gov/publication/2019-annual-quality-service-review-report-qsr>

Practice Areas of Strength	Practice Areas in Need of Improvement
<p>Planning Interventions</p> <p><i>Social workers and service providers overall are ensuring that children achieve meaningful, measurable life outcomes (safety, permanency, well-being, education, etc.) Planning includes well-reasoned, agreed-upon goals, and intervention strategies that logically relate to the planned goals and outcomes so that families are successful after exiting the system.</i></p>	<p>Teamwork Coordination</p> <p><i>The team needs stronger coordination in order to engage team members to achieve a lifechanging process that promotes family sustainability. There may be a lack of integrated strategies, activities and interventions. Tasks require measured results to determine progress. A unified process is missing in order to ensure shared decision-making.</i></p>
<p>Supports and Services</p> <p><i>The combination of formal and informal supports and services fit the child and the family's situation. The delivery of interventions is effective and demonstrates help to the family to achieve sustained permanency.</i></p>	<p>Pathway to Safe Closure</p> <p><i>Family and team members must all be clear on the permanency goal and steps to achieve it. It is essential for family members to have a clear understanding of next steps if case closure is to be successful.</i></p>

NEXT STEPS FOR ADDITIONAL LEGISLATION OR SERVICES

CFSA will take actions necessary to conform to changes in best practice, federal and local law that support Agency efforts to keep families together and to enhance service delivery to children in foster care. The following actions will be taken in FY 2020-2021:

Law/Regulation	Action	Purpose/Justification
<i>Amend 29 DCMR § 6219.12 Licensing of Youth Shelters, Runaway Shelters, Emergency Care Facilities, and Youth Group Homes</i>	Final Rulemaking	The final rulemaking effective November 8, 2019 restricts the capacity of CFSA licensed facilities to 15 residents; and CFSA shall not place residents in a facility with a capacity of more than eight residents without the express written approval of the CFSA Director.
<i>Public Health Emergency Authority Additional Extension Emergency Amendment Act of 2020</i>	Implement the law	The law extends the Mayor's Emergency Executive Orders and the Public Health Emergency Executive Order (Emergency Orders) in response to the coronavirus (SARS 29 CoV-2) until December 31, 2020. The emergency law extends foster care beyond 21 years until the end of the public health emergency in the District of Columbia.
<i>COVID-19 Response Supplemental Temporary Amendment Act of 2020 and the Coronavirus Support Emergency Amendment Act of 2020</i>	Implement the law	<p>The law allows CFSA the authority to waive the six-month residency requirement for the <i>Grandparent Caregivers Program</i> and the <i>Close Relative Caregivers Pilot Program</i> to ensure that in a child's best interest there are no unnecessary delays to providing subsidies to caregivers to support the related child in the caregiver's home during the public health emergency.</p> <p>At the end of the public health emergency, CFSA plans to permanently remove the six-month residency requirement for both Programs for DC Council consideration.</p>

COMMENTS AND RECOMMENDATIONS SUBMITTED BY THE DISTRICT OF COLUMBIA MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)

DC MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)

December 15, 2020

The *Mayor's Advisory Committee on Child Abuse and Neglect* (MACCAN) is pleased to review and comment on the Annual Public Report for the fiscal year 2020. We commend Washington, DC's Child Family and Services Agency (DC CFSA) for their committed work to benefit the children and families of our beloved city, particularly in this challenging year of the COVID-19 pandemic. This year's report highlights a year with goals and opportunities for strengthening families using new strategies and marshaling collaborations within communities. MACCAN serves as a collaborative advisory body for all activities of child abuse and neglect in DC. Commissioned members are of the highest standing appointed by the Mayor and represent governmental agencies, community agencies, foster, adoptive, resource parents, clinical, research, legal professionals, and the public.

Public meetings include in-depth presentations and discussions on cross-cutting and collaborative issues to increase partnership opportunities to reduce and prevent child abuse and neglect. The committee regularly meets with the CFSA Director and staff for briefings and updates and disseminating information to DC agencies and the public. Annually, MACCAN requests that the DC mayor recognized April as child abuse month and "Wear Blue Day" to highlight the importance of child abuse prevention in DC and honor the families, communities, and staff who support them. Representatives of MACCAN participate in child welfare planning workgroups, including the Family First Prevention Work Group Meeting. As part of the committee's charge, the committee members provide the following comments on the FY 2020 Annual Report. This year CFSA reached a significant milestone in reducing judicial oversight of its operations after three decades due to its outstanding leadership and organizational efforts. Overall, the FY 2020 report was a thorough and excellent summary of the data and program activities of CFSA, and we highlight a few topic areas for additional discussion.

Community-based Collaborations. DC's five Healthy Families/Thriving Communities Collaboratives (Collaboratives) Collaborative Solutions for Communities (CSC) that have proudly served our community for over twenty years

with services and referrals: East River Family Strengthening Collaborative (ERFSC), Edgewood/Brookland Family Support Collaborative (EBFSC), Far Southeast Family Strengthening Collaborative (FSFSC), and Georgia Avenue Family Support Collaborative (GAFSC). CFSA's Family First Prevention Plan increased preventative services for children and their families to stay out of foster care using the Healthy Families/Thriving Communities Collaboratives (Collaboratives) to provide evidence-based services. Collaborations with the District's Department of Health and Department of Behavioral Health, the Department of Human Services, and community providers also offer evidence-based practice services. Together these community-based partnerships support family preservation and reunification through motivational interviewing, parenting and home visiting programs, mental health treatment services, and substance abuse treatment to prevent entry into foster care. Preventive intervention using these community-based partnerships for families known to CFSA with an open case (front door) and families known to CFSA but without an open case (front porch) are models for prevention. MACCAN members actively participate in the prevention planning workgroups and anticipate ongoing evaluation and improvements as the collaboratives continue.

Mental Health, Substance Use, and Education. CFSA has demonstrated innovation in its approaches to serving children and families in mental health and substance use through timely, in-house preventive intervention and mental health and substance use programs. The CFSA Mental Health Redesign provides mental health treatment in-house to children in foster care for short-term services within 30 days of entering foster care. Programs, such as Project Connect for substance abuse and PEER support services with identified former parents identified by CFSA, are valuable resources showing success. CFSA leveraged resources for evidence-based programs to meet immediate needs. Initial program data is promising, particularly in light of the quarantine and move to telehealth practice. With success, these programs may need expansion and additional resources. The PEER support program reported a caseload (i.e.42 families), which may be high for the current workforce. MACCAN encourages CFSA to compile data for strong budget justifications to enhance successful community-based programs for recruitment, retention, and expansion.

With the shift to online learning during the public health emergency, a significant referral source of mandated and trained reporters in the school systems reduced contact with children at risk. MACCAN had mutual concerns about home

settings for learning, educational needs, and families' stress during COVID-19. We were pleased that CFSA partnered with DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS) to address vulnerable children's needs. Collaboratively, they developed a process for students who had not been in contact with the school system and were considered vulnerable due to the absence of typical protective factors (i.e., school attendance) during school closure due to COVID-19. If evaluated and considered a successful practice, this collaborative process may be useful when returning to school in-person. MACCAN expressed concerns about early intervention and special education needs for children in care who are at high-risk for special educational needs. MACCAN urges CFSA to continue exploring innovative approaches to address educational decision-making barriers for early identification and services as part of its prevention efforts in collaboration with DCPS and DCPCS. Enhancing partnerships with other agency sectors for collaborative processes and services such as the child welfare system, juvenile justice system, and DCYRS is vital for preventive services. Child welfare involvement overlaps with multiple service sectors and remains an area for increasing innovative collaborations for prevention through existing workgroups.

MACCAN applauds the Mental Health Redesign program that provides expedited mental health services and support to children within 30 days of entry into the child welfare system. Implementation metrics on impact and outcomes and the facilitators and barriers to the program's success are of high interest. Additional quality assurance metrics on the timing of removal to mental health evaluation and the initial appointment (i.e., a total of 51 days) would help examine the data and its influences. Information on attendance, no-shows, and the array of therapeutic services can identify areas of strength and improvement for this novel program. We acknowledge CFSA's efforts overall for continuous quality improvements and encourage them to continue. For example, they updated the CFSA Explainer for Teens, Younger Children, and Parents program. This program supports families to decrease anxiety and trauma when entering into the child welfare system, specifically if removal from the family home is involved. Additional information on CFSA efforts on commercial sex exploitation of children (CSEC), whether suspected or confirmed, is another area of interest for MACCAN's review.

COVID-19. In response to the public health emergency of COVID-19, CFSA responded quickly with emergency planning. The lessons learned from the current

pandemic should be part of an ongoing risk management plan for future public health emergencies due to disease, weather, safety, etc. The Public Health Emergency Authority Additional Extension Emergency Amendment Act of 2020 extends foster care beyond 21 years until the end of the public health emergency in the District of Columbia. The transition for young adults leaving foster care when the public health emergency ends may present different emotional well-being issues, fiscal problems, and overall welfare concerns that will require attention and support. MACCCAN was pleased that CFSA is seeking to waive the six-month residency requirement for the Grandparent Caregivers Program and the Close Relative Caregivers Pilot Program enacted during the public health emergency with permission of the DC council. Removing the unnecessary delays for relative caregivers is a progressive step for identifying and reducing barriers for families.

The changes to operations due to the pandemic provided additional opportunities to streamline processes and communication beneficial to CFSA staff and families in some cases. Using a hybrid approach and increasing technology access to improve family communication and participation should be piloted for consideration as the COVID-19 public health issues subside. It is unclear how the context of the pandemic affected program services more precisely over time and during phases of the public health emergency. For example, the evaluation of referrals by type and severity during COVID inform prevention and planning efforts for the next fiscal year. The impact of COVID-19 and the subsequent effect of the measures put in place by CFSA merit additional evaluation for risk management. CFSA has an essential role in community engagement to combat misinformation and continue public health outreach and safety measures.

In summary, CFSA championed families during a public health crisis with hard work. MACCCAN applauds CFSA for using evidence-based programs and community-based initiatives, as highlighted in this report. We look forward to working together as an advisory body during the next year to improve the lives of children and families living in DC.

Respectfully submitted,

The Members of the MACCCAN

APPENDIX A: EXCERPT FROM THE CFSA ESTABLISHMENT ACT OF 2001

The Director must:

(10) Prepare and submit to the Mayor, the Council, and the public a report to be submitted no later than February 1 of each year; which shall include:

- (A) A description of the specific actions taken to implement *the Adoption and Safe Families Amendment Act of 2000*, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);
- (B) A full statistical analysis of cases including:
 - (i) The total number of children in care, their ages, legal statuses, and permanency goals;
 - (ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;
 - (iii) The number of children who have been in care for 24 months or longer, their length of stay in care, including:
 - (I) A breakdown in length of stay by permanency goal;
 - (II) The number of children who became part of this class during the previous year;
 - (III) The ages and legal statuses of these children;
 - (iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and
 - (v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;
- (C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;
- (D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:
 - (i) The service programs which will be made available under the plan in the succeeding fiscal year;
 - (ii) The populations which the program will serve; and
 - (iii) The geographic areas in which the services will be available;
- (E) An evaluation of the Agency's performance;
- (F) Recommendations for additional legislation or services needed to fulfill the purpose of *the Adoption and Safe Families Amendment Act of 2000*, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and
- (G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.

APPENDIX B: FOUR PILLARS SCORECARD



D.C. Child and Family Services Agency

Four Pillars Scorecard FY2020 Annual

Fewer entries into foster care. Stronger child and family functioning. More placement stability. Shorter time to permanence.

Performance Status: ■ 100% or more of target ■ 75-99% of target ■ Less than 75% of target

Front Yard/Front Porch/Front Door							
Outcome: Families stay together safely.							
Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual
Increase timely initiation of investigations*	91%	95%	95%	93%	93%	92%	94%
Increase children who remain with family after engagement with the Collaboratives ¹	99%	95%	Annual Measure				99%
Reduce length of time in In-Home	7	9	8	9	8	8	8
Reduce new reports while in In-Home ²	19%	15%	5%	5%	6%	4%	21%
Reduce foster care entries from In-Home*	145	165	21	11	20	11	63
Reduce new entries into foster care*	307	330	51	34	54	33	172
Reduce re-entries into foster care	78	80	Annual Measure				45

Temporary Safe Haven							
Outcome: Children and youth are placed with families whenever possible.							
Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual
Increase placements with relatives (kin)*	28%	35%	28%	31%	30%	28%	29%
Increase placements in family foster homes*	82%	85%	81%	79%	80%	78%	80%
Increase licensed foster homes in the District	226	250	225	214	217	208	208
Outcome: Planning for permanence begins the day a child enters care.							
Increase children with one placement in the past 12 months	47%	50%	45%	46%	48%	50%	50%
Increase engagement with birth families	89%	85%	Annual Measure				91%
Increase parent-child visits	83%	85%	75%	76%	76%	77%	76%
Increase birth family use of needed services and supports	89%	85%	Annual Measure				85%

¹ Indicator language changed from FY18 which previously accounted for children entering foster care after Collaborative engagement.

² The annual methodology for this indicator is the number of families who had a new substantiated report during their In-Home case in the fiscal year and their In-Home case remained open as of the last day of the fiscal year.

Well Being

Outcome: Children and youth in foster care maintain good physical and emotional health.

Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual
Increase timely medical evaluations for children/youth following placement	92%	93%	91%	95%	92%	90%	92%
Increase timely dental evaluations for children/youth following placement	57%	60%	53%	43%	13%	29%	36%
Increase children/youth who receive needed behavioral health services	76%	81%	Annual Measure				91%
Reduce births to youth in foster care	15%	16%	12%	13%	13%	12%	13%

Outcome: Children and youth in foster care get an appropriate education and meet expected milestones.

Increase children ages birth-5 in foster care who get a timely developmental screening*	92%	90%	94%	88%	89%	89%	91%
Increase youth in foster care who graduate from high school*	73%	70%	Annual Measure				69%

Outcome: Youth in foster care pursue activities that support their positive transition to adulthood.

Increase youth who have employment or internship experience ³	46%	55%	Annual Measure				64%
--	-----	-----	----------------	--	--	--	-----

Exit to Permanence

Outcome: Children and youth leave the child welfare system quickly and safely.

Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual
Reduce time to reunification	14	13	12	15	15	11	13
Reduce time to guardianship	36	34	48	28	30	44	35
Reduce time to adoption	38	32	30	34	35	47	35
Reduce youth who age out of foster care	13%	15%	12%	18%	8%	5%	11%

Outcome: Youth actively prepare for adulthood.

Increase youth engagement in after-care programming*	96%	95%	Annual Measure				96%
Increase youth graduating from college*	11%	20%	Annual Measure				11%
Increase youth enrolled in/completing vocational training or a certification program*	80%	70%	67%	100%	100%	75%	71%
Increase re-engagement of older youth in educational/career services	75%	70%	Annual Measure				77%
Increase youth who exit care with stable housing	94%	88%	78%	100%	100%	100%	93%

* Key Performance Indicators for the Mayor's Plan FY20



D.C. Child and Family Services Agency • 200 I Street SE, Washington, DC 20003
www.cfsa.dc.gov • <http://dc.mandatedreporter.org> • www.fosterdckids.org
 (202) 442-6100 • Facebook/CFSADC • Twitter@DCCFSA

³ The methodology changed in 2020 for this indicator to only include the full sample of youth 18 years and older.

APPENDIX C: COVID-19 UPDATES

The Child and Family Services Agency (CFSA) quickly and efficiently responded to the constraints created by the COVID-19 pandemic in early 2020. The Agency continues to maintain essential services with best practice standards in place. In addition, the Agency's Office of Public Information continues to maintain regular COVID-19 updates from the District of Columbia's Department of Health and the Centers for Disease Control and Prevention.

Immediately upon notification of the Mayor's Public Health Emergency order, the Agency's Executive Leadership Team convened daily to plan and address emergent work force and client needs. Additionally, each level of management had parallel meetings with their direct staff to provide them with information, to hear and address concerns, to check on operations, and to check on staff well-being. The first adjustment to the pandemic was CFSA's leadership directing non-essential staff to immediately begin teleworking from home, as of March 16, 2020. Non-essential staff include administrative staff and others who do not have case-carrying responsibilities. Essential staff include social workers and family support workers.

CFSA continues to routinely update staff guidance on conducting virtual visits, as needed, as well as in-person visits, as appropriate to changing circumstances. Managers in each client-facing program area (In-Home, Child Protective Services, Permanency, Nursing, Lead Inspections, Kinship Licensing, Family Licensing, Family Relicensing, Interstate Compact for the Placement of Children, and Facility Licensing) also continue to make case-by-case determinations about whether an in-person visit is required to assess children's safety and well-being. In those instances, pre-visit verbal health screens have been conducted and client-facing staff has followed all DC Health-recommended procedures for social distancing.

CFSA required congregate care settings to develop and submit their own COVID-19 protocols to the Office of Facility Licensing and Contracts and Monitoring Division for review and approval. In April 2020, the District established an emergency respite facility for children in the community and for children in foster care who were exposed to or tested positive with COVID-19 and were unable to quarantine safely at home. By September 2020, the District adjusted and discontinued use of the initial respite facility. However, the District continues to offer respite shelter care for impacted children and families at another location and has the ability to increase the shelter care capacity for quarantining as needed.

Beginning in August 2020, the Agency gradually increased in-person visits with families and community presence. To ensure staff safety, CFSA provides safety supplies, including gloves, hand sanitizer, masks, disinfecting wipes, and no-contact digital thermometers for workers and clients as needed. Outside of safety supplies and adherence to safety guidelines, no adjustments were made to CFSA's on-site clinic, the Healthy Horizons Assessment Center, which provides health screenings for entries into foster care and placement. In addition, these screenings now include a COVID-19 assessment.

Other programmatic adjustments have included practice and policy changes for processes related to the Child Protection Register (CPR), the Grandparent and Close Relative Caregiver Programs (GCRCP), and Fair Hearings. For example, the CPR process transitioned from a paper process to a fully electronic process and the Agency waived the six-month eligibility requirements for GCRCP so that grandparents and close relative caregivers can have quicker access to much needed services and financial assistance. The Agency intends to make those changes permanent at the end of the public health emergency. In addition, CFSA began conducting virtual Fair Hearings to avoid delays and to ensure that CFSA clients maintain their own safety while accessing their right to challenge Agency determinations. In addition, CFSA is in the process of updating the administrative issuance on Requesting Vital Records to include an online request process. To support access to forms, the Agency also added the online forms to CFSA's webpage at [CFSA.dc.gov](https://cfsa.dc.gov) as part of its effort to move the majority of in-person processes to online portals for the submission of documents.

To ensure updated information sharing throughout the pandemic, the Agency created the following series of COVID-19-related tip sheets to assist staff:

- Virtual Visit Guidance
- In-Person Visits Guidance
- In-Home Guidance
- Out-of-Home Worker Guidance
- CPS Update
- Nurse Telework Guidelines
- Congregate Provider Guidance
- Building Visitor Guidance
- Guidance on Court Procedures
- CPS and Hotline Partial Telework Guidance
- Collaborative Case Transfer and Teaming Procedures
- Project Connect
- Placement Guidance
- Guidance on Children in Care with COVID-19
- Guidance on Birth Parent Contact Symptoms or Diagnosis
- Guidance on Resource Parent Contact Symptoms or Diagnosis

Lastly, the Agency's Child Information Systems Administration expeditiously developed and streamlined staff access to the virtual team meeting portal, Microsoft Teams. As a result, every CFSA staff member has been able to safely telework and still participate in unit team meetings, supervision, etc. As a collective, CFSA staff can share key information Agency-wide through regular email communication, virtual unit meetings, and all-staff "Virtual Employee Forums".